

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In Re:

Case No: 02-92935

Sally Ann Mathews,

Debtor(s).

**NOTICE OF MOTION AND MOTION  
FOR OBJECTION TO CLAIM**

TO: SALLY A. MATHEWS, DEBTOR(S) AND HIS/HER ATTORNEY JAMES P RYAN JR, 407 14TH STREET NW, PO BOX 6667, ROCHESTER, MN 55903, UNITED STATES TRUSTEE AND OTHER PARTIES IN INTEREST

1. Charles W. Ries is the duly appointed and acting trustee of the above-captioned bankruptcy estate and moves the Court for the relief requested below and gives notice of hearing herewith.

2. The Court will hold on this motion on the 21st day of October, 2004 at 9:30 o'clock a.m., or as soon thereafter as counsel can be heard, before the Honorable Dennis D. O'Brien in Court Room No. 228A, at the United States Courthouse, 316 North Robert Street, St. Paul, Minnesota.

3. Pursuant to Local Rule 9006-1(b) any response to this motion must be filed and delivered not later than 9:30 a.m. on October 12, 2004, which is seven days before the time set for the hearing (including Saturdays, Sundays and holidays), or filed and served by mail not later than October 7, 2004, which is ten days before the time set for the hearing (excluding Saturdays, Sundays and holidays). **IF NO RESPONSE IS TIMELY FILED, THE COURT MAY IN ITS DISCRETION ENTER AN ORDER GRANTING THE RELIEF REQUESTED WITHOUT A HEARING.**

4. This Court has jurisdiction over this motion or this motion is authorized under 28 U.S.C. 157 and 1334 and 11 U.S.C. 502 and Bankruptcy Rule 5005. This motion is pursuant to Bankruptcy Rule 3007 and Local Rule 3007-1.

5. That Citibank USA NA has filed Claim #1 in the amount of \$5,846.08 asserting an unsecured claim in the above-captioned bankruptcy matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.

6. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.

7. That Citibank USA NA has filed Claim #2 in the amount of \$1,039.34 asserting an unsecured claim in the above-captioned bankruptcy matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.

8. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.

9. That Fillmore County Journal has filed Claim #3 in the amount of \$581.07 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.

10. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.

11. That Fortress Bank NA has filed Claim #6 in the amount of \$4,492.92 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.

12. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.

13. That Winona Agency has filed Claim #7 in the amount of \$84.00 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.

14. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.

15. That Tri County Publishing has filed Claim #8 in the amount of \$847.24 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.

16. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.

17. That Bunke Properties has filed Claim #11 in the amount of \$3,000.00 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.

18. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.

19. That Wireless Connection has filed Claim #23 in the amount of \$1,175.83 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.

20. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.

WHEREFORE, the undersigned requests an order of the Court determining:

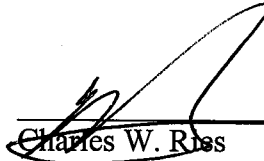
1. That Claim #1 of Citibank USA NA in the amount of \$5,846.08 be disallowed.
2. That Claim #2 of Citibank USA NA in the amount of \$1,039.34 be disallowed.
3. That Claim #3 of Fillmore County Journal in the amount of \$581.07 be disallowed.
4. That Claim #6 of Fortress Bank NA in the amount of \$4,492.92 be disallowed.
5. That Claim #7 of Winona Agency in the amount of \$84.00 be disallowed.
6. That Claim #8 of Tri County Publishing in the amount of \$847.24 be disallowed.
7. That Claim #11 of Bunke Properties in the amount of \$3,000.00 be disallowed.
8. That Claim #23 of Wireless Connection in the amount of \$1,175.83 be disallowed.
9. For such other relief as the Court deems just and proper.

Dated this 21st day of September, 2004.

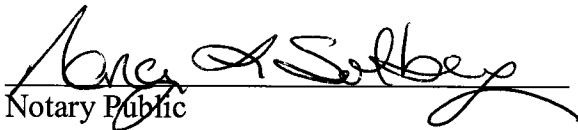
/s/Charles W. Ries  
Charles W. Ries for  
MASCHKA RIEDY & RIES  
Attorneys for Trustee  
200 Union Square Business Center  
201 North Broad Street  
P. O. Box 7  
Mankato, MN 56002-0007  
Telephone (507) 625-6600  
Attorney License No: 12767X

**VERIFICATION**

Charles W. Ries, having been first duly sworn upon oath, states that he is the Trustee in the above-entitled action; that he has read the foregoing Notice of Motion and Motion for Objection to Claim, and knows the contents thereof; that the same are true and correct, except as to those matters therein stated on information and belief, and as to those matters, he believes them to be true.

  
\_\_\_\_\_  
Charles W. Ries

Subscribed and sworn to before me  
this 21st day of September, 2004.

  
\_\_\_\_\_  
Notary Public



**FORM B10 (Official Form 10) (4/98)**

<b>UNITED STATES BANKRUPTCY COURT</b>		STATE OF MN _____	<b>PROOF OF CLAIM</b>	
Name of Debtor <span style="float: right;">Social Security No.</span> <b>MATHEWS COMPUTER SERVICE,</b>		Case Number <span style="float: right;">Chapter 07</span> 02-92935 Court Code <span style="float: right;">MNSP</span>	<div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">2 NOV 13 AM 9:11</div> <div style="font-weight: bold;">U.S. BANKRUPTCY COURT ST. PAUL, MN</div>	
NOTE: This form should not be used to make a claim for an administrative expense. A "request" for payment of an administrative expense may be filed.		All expenses arising after the commencement of the bankruptcy must be filed with the court pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>Citibank USA, N.A.</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent <b>Citibank USA, N.A.</b> <b>DBA: DELL 18.99%-22.99%</b> <b>PO Box 9025</b> <b>Des Moines, IA 50368</b>  Telephone number: <b>866-523-0117 x56795</b>		THIS SPACE IS FOR COURT USE ONLY		
Account or other number by which creditor identifies debtor: <b>6011570010268348</b>		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated:		
<b>1. Basis for Claim:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other _____                         </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                              Your SS#: _____                              Unpaid compensation for services performed from _____ to _____  <div style="text-align: center;">(date) (date)</div> </div> </div>				
<b>2. Date debt was incurred: 10.07.02</b>		<b>3. If court judgment, date obtained:</b>		
<b>4. Total Amount of Claim at Time Case Filed: \$5846.08</b> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other _____  Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim.  Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <i>*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
<b>6. Unsecured Claim.</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured claim.				
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY  <div style="font-size: 4em; font-weight: bold;">OK</div>		
<b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				
Date  <b>11/05/2001</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  <div style="font-family: cursive; font-size: 1.2em;">Pamela C. Rusch</div> Pamela C. Rusch, Bankruptcy Representative of Citicorp Credit Services, Inc USA under limited power of attorney for Citibank USA, N.A.			

**PO Box 9025**  
**Des Moines, LA 50368**

## Account Holder

SS#: \_\_\_\_\_  
Name: MATHEWS COMPUTER SERVICE

Case#: 02-92935  
Court:MNSP  
Chapter: 07  
File Date: 10.07.02  
341A:

**[Account Number]**

6011570010268348

**New Balance: \$5846.08**

**Available Credit:** **\$0.00**

—[ENTER AMOUNT ENCLOSED]

INCLUDE YOUR ACCOUNT NUMBER ON CHECK AND MAKE PAYABLE TO:  
**Citibank USA, N.A.**

DATE	DESCRIPTION OF TRANSACTION	AMOUNT
	TOTAL:	\$5846.08

## STATEMENT SUMMARY



## STATEMENT SUMMARY



**RECEIVED**

02 DEC 30 AM 10:21

U.S. BANKRUPTCY COURT  
ST. PAUL, MN

**Name of Debtor**  
**SALLY ANN MATHEWS**

**Case Number**  
**02-92935**

**FILLMORE COUNTY JOURNAL**

**Name and Address where notices should be sent:**

**FILLMORE COUNTY JOURNAL**  
**PO BOX 496**  
**PRESTON MN 55965-0496**

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

**Telephone Number:**

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces  
this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

## 1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other Advertising

☐ Retiree benefits as defined in 11 U.S.C. §1114(a)  
☐ Wages, salaries, and compensation (fill out below)

Your SS #: \_\_\_\_\_

Unpaid compensation for services performed  
 from \_\_\_\_\_ to \_\_\_\_\_  
                 (date)                      (date)

**2. Date debt was incurred:**

ate debt was incurred: Feb 4, 2002 - August 31, 2002

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:**

\$ 581.07

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

### **5. Secured Claim.**

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).  
Brief Description of Collateral:  
☐ Real Estate    ☐ Motor Vehicle  
☐ Other \_\_\_\_\_

**Value of Collateral:** \$\_\_\_\_\_

### **6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_  
Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

*\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** *Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS.* If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date \_\_\_\_\_

12-26-02

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

7252 JOHN T. GRIMSON, PUBLISHER

~~SEND CLAIM TO:~~

U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
716 NORTH ROBERT STREET  
ST. PAUL, MN 55101

**Penalty for presenting fraudulent claim:** Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 1571.

FILLMORE COUNTY JOURNAL  
P.O. BOX 496  
PRESTON, MN 55965-0000  
(507)765-2151

CUSTOMER LEDGER 12/26/02 8961111

MATHEWS COMPUTER SERVICES  
PO BOX 400  
RUSHFORD, MN 55971-0000

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS	BALANCE
2/04/02	123800	CHARGE	45.00		45.00
2/11/02	123994	CHARGE	69.30		114.30
2/11/02	124377	CHARGE	112.00		226.30
3/11/02	124600	CHARGE	90.00		316.30
3/31/02	0	FIN CHG	3.39		319.69
4/01/02	125356	CHARGE	45.00		364.69
4/29/02	0	FIN CHG	4.74		369.43
5/20/02	126636	CHARGE	184.41		553.84
5/20/02	126875	CHARGE	16.00		569.84
5/31/02	0	FIN CHG	5.42		575.26
6/03/02	127165	CHARGE	45.00		620.26
6/30/02	0	FIN CHG	8.43		628.69
7/15/02	128269	CHARGE	35.00		663.69
7/16/02	CK5559	PAYMENT		45.00	618.69
7/31/02	0	FIN CHG	8.43		627.12
8/05/02	128789	CHARGE	45.00		672.12
8/31/02	0	FIN CHG	8.95		681.07
9/17/02	CK30434	PAYMENT		100.00	581.07

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF MINNESOTA (ST. PAUL)**
**PROOF OF CLAIM****RECEIVED****03 JAN -3 AM 10:14****BANKRUPTCY COURT**  
**ST. PAUL, MN**Name of Debtor  
SALLY ANN MATHEWSCase Number  
02-92935Name of Creditor (The person or other entity to whom the debtor owes money or property):  
FORTRESS BANK NA

Name and Address where notices should be sent:

FORTRESS BANK NA  
108 E CEDAR ST  
BOX 518  
HOUSTON MN 55943

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces  
this claim ☐ amends a previously filed claim, dated \_\_\_\_\_**1. Basis for Claim**

- ☐ Goods sold
- ☐ Services performed
- ☒ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_
- (date) (date)

**2. Date debt was incurred:**

07-16-02

**3. If court judgment, date obtained:****4. Total Amount of Claim at Time Case Filed:**

\$4,492.92

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.**5. Secured Claim.**☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

1/2/03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Shari Newcomb Johnson, Shari Newcomb Johnson, Vice Pres.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 1571.

SEND CLAIM TO:

U.S. BANKRUPTCY COURT  
U.S. COURTHOUSE  
16 NORTH ROBERT STREET  
ST. PAUL, MN 55101

COMMERCIAL: 20420

**BALANCES - SUMMARY**

[02] SALLY MATHEWS		Portfolio Number:	2051143
[04] DBA MATHEWS COMPUTER SERVICES		Product:	[30410] COMMERCIAL
113 E CEDAR ST P O BOX 197		Class:	[10] COMMERCIAL
HOUSTON MN 55943		Branch Number:	[21] FORTRESS BANK, N.A.
		Accounting Group:	[0021]
Principal Balance:	4,312.88	Responsibility Code:	[200] DENNIS MEYER
Interest Balance:	.00	Purpose Code:	[530]
Net Payoff:	4,492.92	Employee/Officer/Director Code:	[0]
		Tax Name:	[02] SALLY MATHEWS
Total Amount Due:	889.70	Original Note Date:	Jul 16, 2002
Total Amount Past Due:	868.00	Maturity Date:	May 16, 2004
Current Payment Due Date:	Sep 16, 2002	Date Principal Paid To:	Aug 16, 2002
Current Days Past Due:	107	Date Interest Paid To:	Aug 16, 2002
Regular Payment Amount:	217.00	Date Last Payment:	Aug 19, 2002
		Amount Last Payment:	217.00
Current Rate Over:	9.5000%	Active Principal:	
One Day's Interest:	1.1381	Charged Off Principal:	4,312.88
Current Yield:		Status Code:	Bankruptcy
Current Late Charge Balance:	21.70	Non Accrual Code:	
Extra Interest:	158.34		[2] Non-Accrual (Accrual = 0)
Minimum Interest:	10.00		[6] 365/360 Payments P&I
Principal Billed Thru:	Dec 16, 2002	Interest Method:	
Interest Billed To:	Dec 16, 2002	Loan To Value Ratio:	.0000
Interest As Of:	Dec 16, 2002	Months To Maturity:	17
Total Principal Billed:	729.01	Times Past Due 0-29 Days:	1
Total Interest Billed:	138.99	Times Past Due 30-59 Days:	1
Total Amount Billed:	868.00	Times Past Due 60-89 Days:	1
Total Past Due:	868.00	Times Past Due 90-Ov Days:	1
		Total Past Due Payments:	4
Date Last Updated:	Dec 31, 2002	Payments Scheduled:	22
Date Accrued Thru:	Jan 1, 2003	Payments Billed:	5
Date Last Tran Activity:	Nov 15, 2002	Payments Made:	1
Date Last Change:	Oct 30, 2002		

*Matthew Computer Service*UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA (ST. PAUL)

PROOF OF CLAIM

Name of Debtor  
SALLY ANN MATHEWSCase Number  
02-92935

03 JAN -6 AM 10:03

BANKRUPTCY COURT  
ST. PAUL, MN

Name of Creditor (The person or other entity to whom the debtor owes money or property):

WINONA AGENCY

Name and Address where notices should be sent:

WINONA AGENCY  
174 CENTER ST  
WINONA MN 55987

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: 507-452-3366

Account or other number by which creditor identifies debtor:

Account # 13605

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

## 1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other Insurance Policy

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

## 2. Date debt was incurred:

6-24-2002

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed:

\$ 84.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

1/3/03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Barbara Lautenberg Vice President

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

SEND CLAIM TO  
U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101

# STATEMENT

## Winona Agency, Inc.

174 Center Street  
P. O. Box 919  
Winona, MN 55987-0919  
(507)452-3366

Mathews Computer Services, Inc.  
P O Box 197  
Houston, MN 55943

CLIENT	Mathews Computer Services, Inc.
DATE	12/31/2002
CLIENT	Phyllis Hegle
SERVICE	Phyllis Hegle
PAGE	1 of 1

PAYMENT INFORMATION	
STATEMENT TOTAL	84.00
PAYMENT AMOUNT	
PAYMENT FOR:	
CAP7712686	

Thank You

PLEASE DETACH AND RETURN WITH PAYMENT

INVOICE	TRANSACTION DATE	DESCRIPTION	AMOUNT	SUB-TOTAL
		Balance brought forward		484.00
211640	12/16/2002	Policy #CAP7712686 03/24/2001-03/24/2004 Cincinnati Insurance Co Effective: 09/01/2002 Package - Delete store	-400.00	
		Total for this billing period		-400.00
				STATEMENT TOTAL
				84.00

Thank You

Less than 0	0 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days
				84.00
Winona Agency, Inc. (507)452-3366				DATE 12/31/2002

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF MINNESOTA (ST. PAUL)**

PROOF OF CLAIM

RECEIVED

03 JAN -6 AM 10:02

U.S. BANKRUPTCY COURT  
ST. PAUL, MNName of Debtor  
SALLY ANN MATHEWSCase Number  
02-92935Name of Creditor (The person or other entity to whom the debtor owes money or property):  
TRI COUNTY PUBLISHING  
Name and Address where notices should be sent:TRI COUNTY PUBLISHING  
PO BOX 429  
RUSHFORD MN 55971

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: 507-864-7700

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces a previously filed claim, dated \_\_\_\_\_  
this claim ☐ amends

## 1. Basis for Claim

- ☐ Goods sold
- ☒ Services performed *Advertising*
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

## 2. Date debt was incurred:

1-17-02 through 11-30-02

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed:

\$ 847.54

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

- ☐
- Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ \_\_\_\_\_
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

1-2-03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Darlene J. Schober Co. Publisher  
Darlene J. Schober, Co. Publisher

SEND CLAIM TO:

U.S. BANKRUPTCY COURT  
200 U.S. COURTHOUSE  
376 NORTH ROBERT STREET  
ST. PAUL, MN 55101

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 1571.

**PRINTERS & SUPPLIERS:**  
quick printing  
business stationary  
register forms  
wedding  
stationery  
booklets  
brochures  
tickets  
napkins  
matches  
art and  
design



PUBLISHERS  
of the  
Tri-County  
Record and  
products  
serving  
more than  
10,000 readers  
in Fillmore,  
Houston and  
Winona Counties

# Tri-County Publishing, Inc.

P.O. BOX 429, RUSHFORD, MINN. 55971 (507) 864-7700

Mathew's Computer Service  
P.O. Box 400  
Rushford, Minn. 55971

PRINTERS &  
SUPPLIERS:  
quick printing  
business stationery  
register forms  
wedding  
stationery  
booklets  
brochures  
tickets  
napkins  
matches  
art and  
design

DATE	DESCRIPTION	CHARGE	CREDIT	BALANCE
11/10/91	ad 'Christmas Dallas'	75 00		75 00
11/22	" 'Now Open' 32 1/4"	135 45		210 45
11/29	ad " " "	174 15		384 60
12/6	ad 'Thank you' 32 1/4"	135 45		520 05
12/13	" 'Ho, Ho, Holiday' 15"	63 00		583 05
12/20	" 'We wish you' 21"	88 20		671 25
12/31	Thank you		384 60	286 65
1/17/92	ad 'Cut the Cable' 9"	37 80		324 45
1/17	1225 2-3-02 Inserts 646	73 50		397 95
1/15	Thank you		286 65	111 30
1/24	ad 'Don't let your computer' 17 1/4"	72 45		183 75
1/24	" 'Business Horser Roll-1998'	17 00		200 75
1/24	" " " " - 2001'	24 00		224 75
2/7	ad 'Grand Opening' 10 1/2"	56 70		281 45
2/7	1671 Inserts 646	100 26		381 71
2/14	ad 'Grand Opening Today' 26"	109 20		490 91
2/14	829 Inserts 646	49 74		540 65
2/28	ad 'Congrats-Bassett' 11 1/2"	48 30		588 95
3/7	1650 Inserts 646	63 00		651 95
3/27	Thank you		364 20	287 75
3/28	ad 'Guth Art' 25 1/2"	74 97		362 72
4/1	486 (DEAPR02) Inserts 64	29 16		391 88
4/24	reg. ad makeup to Winona Co C	27 16		419 04
5/2	SE ad 'Closely Digital' 10"	54 00		473 04
5/2	1000 (DE MAY 02) Inserts 64	60 00		533 04

Accounts not paid by last day of month following purchase are subject to 1 1/2% monthly service charge, minimum \$1.00.

Tri-County Publishing Custom Form 1-92

**DUE ON RECEIPT**

PAY LAST FIGURE  
IN THIS COLUMN

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF MINNESOTA (ST. PAUL)**

PROOF OF CLAIM

RECEIVED

03 JAN 14 AM 9:52

BANKRUPTCY COURT  
ST. PAUL, MNName of Debtor  
SALLY ANN MATHEWSCase Number  
02-92935Name of Creditor (The person or other entity to whom the debtor owes money or property):  
BUNKE PROPERTIES  
Name and Address where notices should be sent:BUNKE PROPERTIES  
CO PATR HAWKINS  
7930 ISLAND RD  
EDEN PRAIRIE MN 55347

Telephone Number: 952-937-9654

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated \_\_\_\_\_

## 1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other RENT DUE

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

## 2. Date debt was incurred:

Aug. 1, 2002

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed:

\$ 3000.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim 4 months Rent  
Amount entitled to priority \$ 3000.00 @ 750.00 per month  
Specify the priority of the claim: lost income
- ☐ Wages, salaries, or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☒ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/04 and every 5 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.

Date

1/10/03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Patricia Hawkins, Pres. of Bunke Properties

SEND CLAIM TO:

U.S. BANKRUPTCY COURT  
201 U.S. COURTHOUSE  
316 NORTH ROBERT STREET  
ST. PAUL, MN 55101

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL)		PROOF OF CLAIM RECEIVED
Name of Debtor SALLY ANN MATHEWS	Case Number 02-92935	03 FEB -3 AM 10:10 U.S. BANKRUPTCY COURT ST. PAUL, MN
Name of Creditor (The person or other entity to whom the debtor owes money or property): WIRELESS CONNECTION Name and Address where notices should be sent: WIRELESS CONNECTION 4507 S 88TH ST OMAHA NE 68127 Telephone Number: <u>402-597-9770</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: <u>MATH100</u>	Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: <u>5/7/02</u>	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: <u>\$ 1125.83</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		SEND CLAIM TO: U.S. BANKRUPTCY COURT 200 N. COLLEGE ST. 16 NORTH ROBERT STREET ST. PAUL, MN 55101
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.		
Date <u>1/29/03</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Marilyn Kleber - Accounts Receivable Clerk</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 35		

# Wireless CONNECTION

CELLULAR, PAGING, AND ...

4507 South 88th Street • Omaha, NE 68127  
 Phone: (402) 597-9770 • Fax: (402) 597-9769  
 Toll Free: (888) OFFWIRE

Mathews Computer Services  
 P.O. Box 400

Rushford, MN 55971

\$ \_\_\_\_\_ AMOUNT REMITTED

INVOICES PAID

STATEMENT DATE 08/31/02 ACCOUNT NUMBER MATH100

PLEASE DETACH AND RETURN THIS PORTION WITH PAYMENT

INVOICE NO.	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE
130233	05/07/02	I	PO: SHEILA 05Our Ord: 37318	113.00	113.00
139114	07/26/02	C	Memo 45392 ApplyTo 0	6.00-	107.00
142048	08/22/02	C	Memo 45237 ApplyTo 0	8.00-	99.00
131866	05/20/02	I	Po: SALLY Our Ord: 38546	349.98	448.98
135969	06/26/02	I	Po: SALLY 06-2Our Ord: 42272	726.85	1,175.83

#142292

Codes	CURRENT	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	AMOUNT DUE
I Invoice P= Payment C CR Memo A= Discount Allowed D DR Memo F= Finance Charge	.00	.00	726.85	448.98	1,175.83

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In Re:  
Sally Ann Mathews,

Case No: 02-92935

Debtor(s).

**DECLARATION RE: SERVICE BY MAIL**

The undersigned, being an employee of Maschka, Riedy & Ries, 200 Union Square Business Center, 201 North Broad Street, Mankato, Minnesota, declares under penalty of perjury that on the 21st day of September, 2004, she served the Notice of Motion and Motion for Objection to Claim by first class mail postage prepaid to each entity named below at the address stated below for each entity:

Sally Ann Mathews  
410 S. Grant St.  
PO Box 197  
Houston, MN 55943

James Ryan Jr  
Ryan & Grinde, Ltd.  
407 14th Street NW  
PO Box 6667  
Rochester, MN 55903

Citibank USA NA  
DBA Dell  
PO Box 9025  
Des Moines, IA 50368

Citibank USA NA  
DBA Dell  
PO Box 9025  
Des Moines, IA 50368

Fillmore County Journal  
PO Box 496  
Preston, MN 55962

Fortress Bank NA  
Melissa Pedretti  
108 E. Cedar St.  
PO Box 518  
Houston, MN 55943-0518

Winona Agency  
174 Center St.  
Winona, MN 55987

Tri County Publishing  
PO Box 429  
Rushford, MN 55971

Bunke Properties  
Patricia Hawkins  
7930 Island Rd.  
Eden Prairie, MN 55347

Wireless Connection  
4507 88<sup>th</sup> St.  
Omaha, NE 68127

Karen Tillman, Esq.  
Radioshack Corp.  
100 Throckmorton St., Ste 1700  
PO Box 17180  
Fort Worth, TX 76102

United States Trustee  
1015 U S Courthouse  
300 S 4<sup>th</sup> St  
Minneapolis MN 55415

/e/Janet Anderson

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In Re:

Case No: 02-92935

Sally Ann Mathews,

Debtor(s).

**ORDER**

The above-captioned matter came before the Court on the motion of Charles W. Ries, trustee. Charles W. Ries appeared pro se. Other appearances are noted of record.

Based upon the complete files and argument of counsel,

IT IS HEREBY ORDERED:

1. That Claim #1 of Citibank USA NA in the amount of \$5,846.08 is disallowed.
2. That Claim #2 of Citibank USA NA in the amount of \$1,039.34 is disallowed.
3. That Claim #3 of Fillmore County Journal in the amount of \$581.07 is disallowed.
4. That Claim #6 of Fortress Bank NA in the amount of \$4,492.92 is disallowed.
5. That Claim #7 of Winona Agency in the amount of \$84.00 is disallowed.
6. That Claim #8 of Tri County Publishing in the amount of \$847.24 is disallowed.
7. That Claim #11 of Bunke Properties in the amount of \$3,000.00 is disallowed.
8. That Claim #23 of Wireless Connection in the amount of \$1,175.83 is disallowed.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2004.

---

Honorable Dennis D. O'Brien  
Judge of Bankruptcy Court